



State of Illinois – Agency Billing Request Form

Company Information:

Company Name

Phone Number / Fax Number

Address

Suite Number

City, State

Zip Code

Corporate Contact

Position

Nature of Business

Billing Address (if different from above)

City, State / Zip Code

BILLING CONTROLS AND/OR AUTHORIZATION

In order to protect your company's security, please list any billings controls and authorizations required for your account.

Billing Controls:

- ☐ Purchase/Order number required
- ☐ Job number required
- ☐ Department name required

Other: _____

If billing controls are not necessary, please complete the following information:

Billing Authorization:

- ☐ All employees are authorized to bill to the account
- ☐ One employee will authorize all rentals to be billed to the account.*

(Name)

(Title)

(Phone number)

*If this option is chosen, billing requests coming from other employees will be directed to the person listed above for approval.

- ☐ Only the following authorized renters may bill to the account:
(Please, provide list of authorized renters below)

Enterprise Rent-A-Car must be notified immediately in writing if there are any changes in billing procedure or to authorized personnel lists. Failure to notify Enterprise Rent-A-Car of changes in billing procedure of authorized renters within your organization will not relieve you of financial responsibility for payment of rentals authorized as outlined above.

(Signature)

(Title)

(Date)